
VENDOR FILE APPLICATION

NOTE: Information will be retained for one year.

Date:

1. Dun & Bradstreet Number		2. E-mail Address	
3. Contact Person		4. Telephone Number	5. 1-800 Telephone Num.
6. Name and Address of Business		7. Payment Address <i>(if different than item 6)</i>	
8. Business Size <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Non-Profit/Education	9. HBCU/Minority <input type="checkbox"/> No <input type="checkbox"/> Yes	10. Internet Address	
11. Type of Ownership <input type="checkbox"/> Disadvantaged <input type="checkbox"/> Women-Owned <input type="checkbox"/> Both		12. FAX Number	
13. Type of Business <input type="checkbox"/> Dealer <input type="checkbox"/> Service <input type="checkbox"/> R&D <input type="checkbox"/> Construction <input type="checkbox"/> Surplus <input type="checkbox"/> Unknown <input type="checkbox"/> Manufacturer/Producer		14. SIC Code	
16. Tax ID		15. Foreign Vendor	
18. Parent Tax ID		17. Corporate Status <i>(Circle one)</i> A = Corporation supplying medical services/equipment B = Other corporate entities C = Sole ownership D = Partnership E = Hospital/medical nonprofit-tax exempt F = Unknown corporate status	
19. FSC Codes for Services/Supplies Provided			

Send catalogs and GSA Schedules to:

Federal Trade Commission
Procurement Branch, Room 702
6th & PA Ave., NW
Washington, DC 20580